



**Department
of Health**

Transparency, Evaluation, and Health Information Technology Workgroup

Meeting #1

September 11, 2014



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Overview: Statewide Planning and Research Cooperative (SPARCS)

Mary Beth Conroy, Division Director
Information and Statistics
Office of Quality and Patient Safety

SPARCS: What is it?

- All payers (including self insured)
- Inpatient discharges and outpatient services including ambulatory surgery
- 35 year public-private partnership between the health care industry and state government (established in 1979)
- Claim level data on patient characteristics, diagnoses and treatments, services, and charges for hospital discharges, ambulatory surgery, emergency department, and hospital based outpatient visits in New York State

Background

- Article 28 Inpatient & Outpatient
 - Hospitals
 - Hospital extension clinics (only those licensed for ambulatory surgery services)
 - D&TC (only those licensed for ambulatory surgery services)
 - D&TC extension clinics (only those licensed for ambulatory surgery services)
- Enabling legislation and regulations are PHL § 2816 and NYCRR Title 10 § 400.18

History and Available Data

- 1979 – SPARCS begins

Data Set	When collection began	Available Years
Inpatient	1982	1982 to Present
Ambulatory Surgery	1983	1983 to Present
Emergency Room	2005	2005 to Present
Outpatient Services	2011	2011 to Present

- 2014 – Amendment to regulation

What is it used for?

The many uses of SPARCS data

- Financial, Rate Setting (e.g., APR-DRG SIWs)
- Developing and Evaluating Policy
- Epidemiology
- Health Planning/Resource Allocation
- Quality of Care Assessment
- Research
- Surveillance
- Utilization Review
- Geographic Analyses
- Linkages with other data sets, registries, etc.
- AHRQ Healthcare Cost and Utilization Project (HCUP)
- Potentially Preventable Hospitalizations (PQI/PDI)
- Potentially Preventable Readmissions (PPRs)
- Potentially Preventable Complications (PPCs)
- Patient Safety Indicators (PSI)
- Inpatient Quality Indicators (IQIs)



SPARCS Submission Process



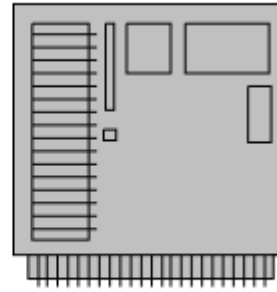
Article 28
Health
Facilities

electronic →



Department of Health
Health Commerce System (HCS)
To
MVS Mainframe System

- Edits applied
- Output Files
 - Identifiable
 - Non-Identifying
 - Encryption



Encrypted
File Distribution
Server



Data Marts



Other Internal
Units



Department
of Health

Data Sources and Infrastructure

- SPARCS data must be submitted on a monthly basis
- Inpatient and outpatient data must be submitted in a HIPAA standardized format
- Submission requirements:
 - 95% of the facility's SPARCS data must be submitted within 60 days following the end of the month of patient discharge/visit
 - 100% of the facility's SPARCS data is due within 180 days following the end of the month of the patient discharge/visit

Access: SPARCS File Types

Three levels of access by file type:

File type	Contents	Application process
Identifying/ Deniable Data Requests	Contain data elements that if disclosed without any restrictions on use or re-disclosure would constitute an unwarranted invasion of personal privacy	<ul style="list-style-type: none"> • Must submit application • Must be approved by the SPARCS Data Governance Committee and ratified by the Commissioner
Limited	Data elements not defined as identifying/deniable data elements in SPARCS regulation (NYCRR Title 10 § 400.18)	<ul style="list-style-type: none"> • Must submit application • Must be approved by SPARCS operations staff
Public Use Files	Contain de-identified data consisting of basic record-level detail. Public use files do not contain protected health information (PHI) under HIPAA	<ul style="list-style-type: none"> • No application required • Available on public websites (Health Data NY, Health Data Query System)



Resources

New York Specific:

SPARCS Public Website: <http://www.health.ny.gov/statistics/sparcs/>

Monthly SPARCS Update Newsletter: <http://www.health.ny.gov/statistics/sparcs/newsletters/>

Operations Guide:

http://www.health.ny.gov/statistics/sparcs/training/docs/sparcs_operations_guide.pdf

Health Data Query System: <https://apps.health.ny.gov/pubdoh/sparcsqry/>

Health Data NY: <https://health.data.ny.gov/>

E-mail: BHI@health.ny.gov (Bureau Inquiries)

SPARCS@health.ny.gov (SPARCS Inquiries)

DPRB@health.ny.gov (Data Access)

Medicaid Program Eligibility, Claim and Encounter Data

Mary Beth Conroy, Division Director
Information and Statistics
Office of Quality and Patient Safety

New York State Medicaid

- A government health insurance program for persons of all ages whose income and resources are insufficient to pay for health care
 - Federal, State and Local Shares
- An estimated 29% of NYS residents are covered by Medicaid (compared to 21% nationwide)

Medicaid Data

Major Sources:

- Eligibility and Enrollment
 - Upon enrollment, the Medicaid program collects beneficiary information. Included in the beneficiary information are data elements such as age, gender, race/ethnicity, zip code, etc.
- Claims and Encounters
 - Claims (Fee for Service) are transactions between a provider of care and an insurance company/managed care plan/Medicaid that include information on who the patient is, who the provider is, diagnoses, procedures, and payment
 - Encounters (Managed Care) are “pseudo-claims” – they look like a claim and contain almost all the same information, except no direct payment is associated with an encounter
 - Claims and Encounters are stored in the same format, and analyzed across both FFS and managed care



Program Background

- 1966 –Medicaid Enacted
- 1995 - Medicaid Managed Care (MMC) implemented
- 1997 - MMC mandatory enrollment began with encounter data reporting requirements contained within the NYS Model Contract
- 2011 - the Medicaid Redesign Team (MRT) formed by Governor Cuomo
- 2014 - Delivery System Reform Incentive Program (DSRIP) implemented

What is Medicaid Data Used for?

- Risk-adjustment outcomes
- Utilization Monitoring
- QARR/HEDIS Measurement
- Quality Improvement
- Quality Incentive
- Measuring Access
- Measuring Health Outcomes
- Efficiency Metrics
- Disease Measurement
- Policy and Program Development
- Fraud and Abuse Monitoring



What is Medicaid Data Used for?

- MRT / DSRIP Initiatives and Performance Metrics
- Medicaid Data Mart Development and Maintenance
- Drug Rebate Invoicing and Platform
- Quality Measurement, Improvement and Special Population Analysis
- Risk Adjustment and Predictive Modeling
- Medicaid / Medicare Dual Eligible Analytics
- Quality Strategy for Medicaid Managed Care Program
- Patient Centered Medical Home



Infrastructure: Medical Coding

	Inpatient	Institutional	Professional	Dental	Pharmacy
ICD-9 Procedure	X				
ICD-9-CM Diagnosis	X	X	X		X
CPT / HCPCS		X	X	X	X
UB Revenue Codes		X			
NDC (Drug)		X	X		X
Provider	X	X	X	X	X



Data Access

- Medicaid data can only be used to assist in the administration of the Medicaid program, as stated by federal law
- There is no public release policy for Medicaid data

Resources

New York Specific:

- NYS DOH Public Web Site: http://www.health.ny.gov/health_care/medicaid/
- eMedNY: <https://www.emedny.org/>
- Health Data NY: <https://health.data.ny.gov/>
- E-mail: BHI@health.ny.gov (Bureau Inquiries)

Other resources:

- <http://Medicaid.gov>
- Centers for Medicare and Medicaid Services: <http://cms.gov/>
- Kaiser Family Foundation: <http://kff.org/medicaid/>

Overview: NYS All Payer Database (APD)

Chris Nemeth, Director
All Payer Database Development Bureau
Office of Quality and Patient Safety

All Payer Database (APD): What is it?

The APD will integrate health care data across all payers and all sites of care

The APD will:

- support health care finance policy, population health and health care system comparisons and improvements
- serve as a key resource for consumers, providers and payers

Background

- New York State legislation enacted in the spring of 2011 (same statutory authority as SPARCS)
- Funded through Health Insurance Exchange Establishment Grants and SFY 2014-2015 budget, Medicaid, and Medicaid match funds
- Request for Information (RFI) issued in the summer of 2012 to gather information and recommended approaches to the design, governance, development, and operation of an APD

What will the APD be used for?

- Evaluate care delivery and payment models, and identify quality improvement opportunities to promote efficiencies and improve value
- Evaluate program models to guide implementation and designate successful programs for possible expansion
- Promote or incentivize higher quality and lower cost treatments or refine reimbursement models
- Measure and collect data related to safety, quality, utilization, health outcomes, and cost
- Support and inform health care payment and delivery systems reforms (Accountable Care Organizations, bundled payments, shared savings, etc.)

APD Uses (continued)

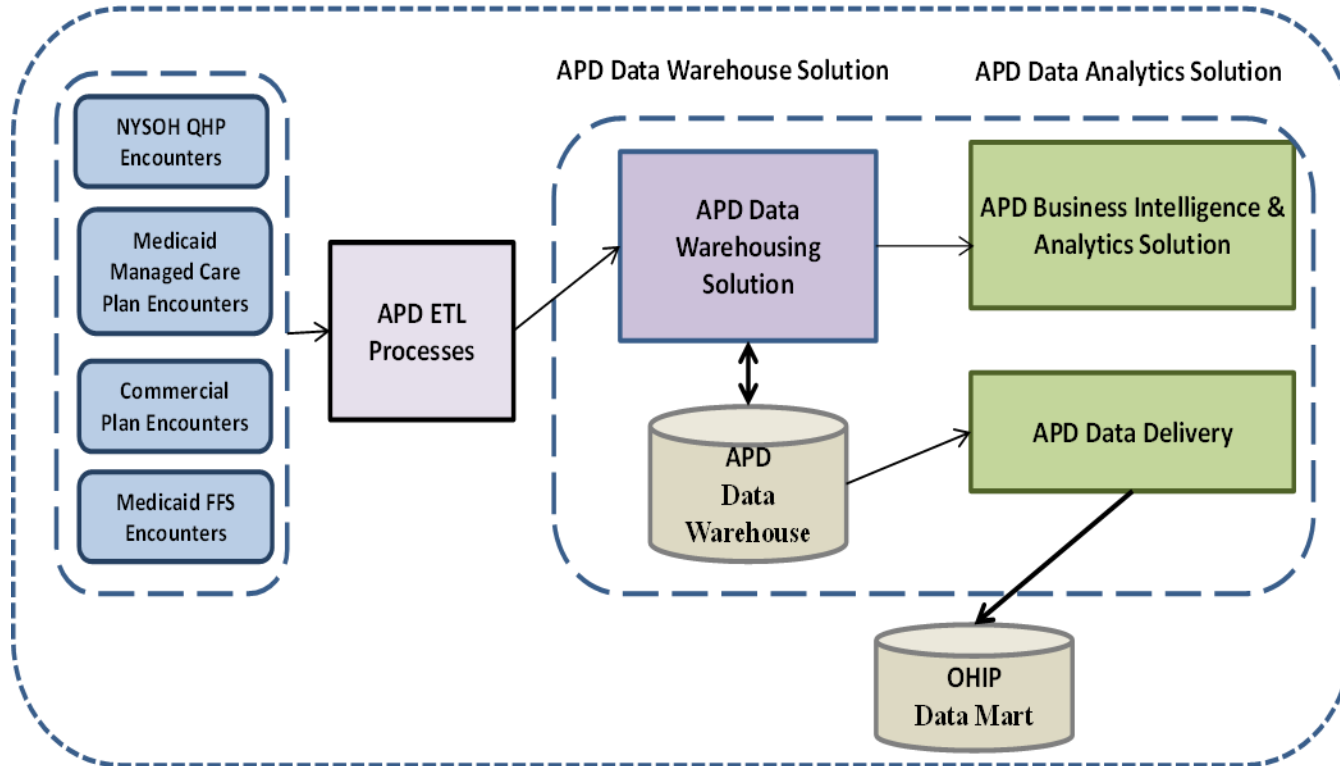
- Research the effectiveness, benefits, and harms of various treatment options in a way that informs health care decision making for consumers, policy makers, payers and providers
- APD Research & Evaluation Queries
 - Examples: overall cost of care for Medicaid members (particularly those that move in and out of the Medicaid program); outcome tracking for Medicaid members across time and payers; hospitals with the highest prices for most common procedures; state regions with the highest obesity rates; regional differences in Emergency Room utilization; distance patients travel for health care services

Data Sources

Initial Data will Include Multiple Sources:

- New York State of Health Qualified Health Plans (QHP)
- Medicaid Managed Care Plans
- Medicaid Fee for Service Claims
- Commercial Insurance Plans
- Medicare

Infrastructure



Access

- APD Regulations are in progress to define data security and access
- APD will comply with all appropriate privacy laws including HIPAA and HITECH
- A Data Governance Committee will be developed

Status and Timeline

- The Build Strategy:
 - Begin by collecting data from QHPs
 - Expand to include Medicaid Managed Care Plans and Large Group Commercial Payers
 - Incorporate Medicare data
 - Include others depending on availability of resources and pending procurements
- Draft and Review proposed APD regulations to finalize in late 2014
- Incorporate SPARCS
- Identify sustainability models for APD funding post 16/17 budget cycle

Status and Timeline

- Data Intake Solution – In development
 - Develop Data Intake System in conjunction with the NYSoH Qualified Health Plans, then expand sequentially to receive data from: Medicaid Managed Care, Large Group Commercial Payers, Medicare
 - *Targeted Completion for all data types is late 2015*
- Data Warehousing & Analytics Platform
 - Contracted Solution
 - *Targeted release for competitive Request For Proposals (RFP) is Fall 2014*
- First Phase APD
 - Working with contractor, develop and test first phase of APD with quality metrics and dashboards for NYSoH Qualified Health and Medicaid Managed Care
 - *Targeted completion is Spring 2016*

Resources

New York Specific:

- APD webpage on public NYSDOH site: http://www.health.ny.gov/technology/all_payer_database/
- Email: NYSAPD@health.ny.gov

Background on All Payer Databases:

- RWJF Primer on APCDs and Health Reform:
http://www.rwjf.org/content/dam/farm/reports/issue_briefs/2014/rwjf409988
- National Conference of State Legislatures: <http://www.ncsl.org/research/health/collecting-health-data-all-payer-claims-database.aspx>
- National APCD Council website for states participating, or interested in APD development:
<http://www.apcdouncil.org/>
- APCD Council Resource List and Issue Briefs: <http://apcdouncil.org/issue-briefs-and-fact-sheets>

Overview: Statewide Health Information Network of New York (SHIN-NY)

Steven Smith, Director
NYS Health IT Coordinator
Office of Quality and Patient Safety

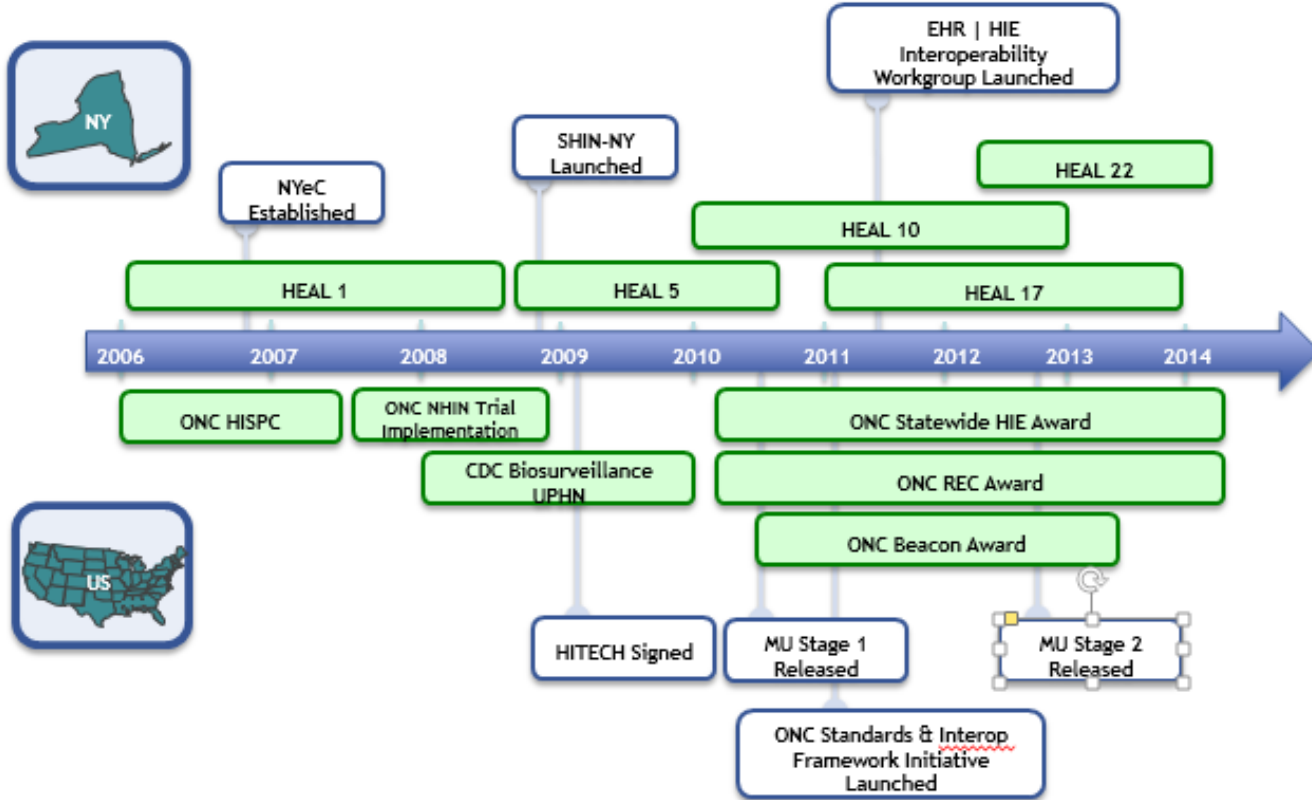
SHIN-NY: What is it?

- **A “network of networks”**
 - Patient’s electronic medical records are uploaded to a Healthcare Provider
 - The Healthcare Provider connects to its local Regional Health Information Organization (RHIO)
 - All RHIOs are interconnected to form the SHIN-NY
- **Governed by specific policies**
 - Protects patients’ privacy and security of their data
 - Patients must “opt in” to the network
 - No provider can access a patient’s records without patient’s explicit consent
- **Governed by a statewide collaborative process among multiple stakeholders**
 - Department of Health, the RHIOs and other healthcare providers and advocates.
 - Establish standards for privacy, security and technical requirements
 - NY working with 18 other states to define “standards” so electronic medical records and HIEs can become “plug ‘n play”
 - Helps support “adoption” so all healthcare providers are connected to a RHIO and thus, the SHIN-NY

Background

- RHIOs in NYS
 - Community-based organizations
 - Funded through the HEAL grants and community support
 - Under contract with NY State
- NY State administered HEAL grants
 - Establishes legal and policy framework for compliance with Statewide Policy Guidance
- As HEAL grants sunset, new “mechanism” needed to assure
 - Uniform practices across RHIOs
 - Adherence to Statewide Collaborative Process and Governance
 - Full establishment of the Statewide Health Information Network of NY (SHIN-NY)
 - Ensure public trust

History



What is it used for?

Clinical benefits—improving patient care and reducing costs

- More Efficient Emergency Department Treatment
- Better Patient Care
- Better Care Coordination
- Health Plan Oversight in Patient Care
- Reduction in Unnecessary Tests, Procedures and Medications

Administrative benefits

- More Efficient Workflow
- Reduction in Administrative Costs for Health Plans
- More Efficient Public Health Reporting
- Potential Reduction in Fraud

Public Health benefits

- Better Emergency Management and Surveillance
- Better Public Health Communication
- Improvement in Population Health

Patient benefits

- Patient Access to Medical Records

Economic benefits:

- Growth in New York's Digital Health Sector

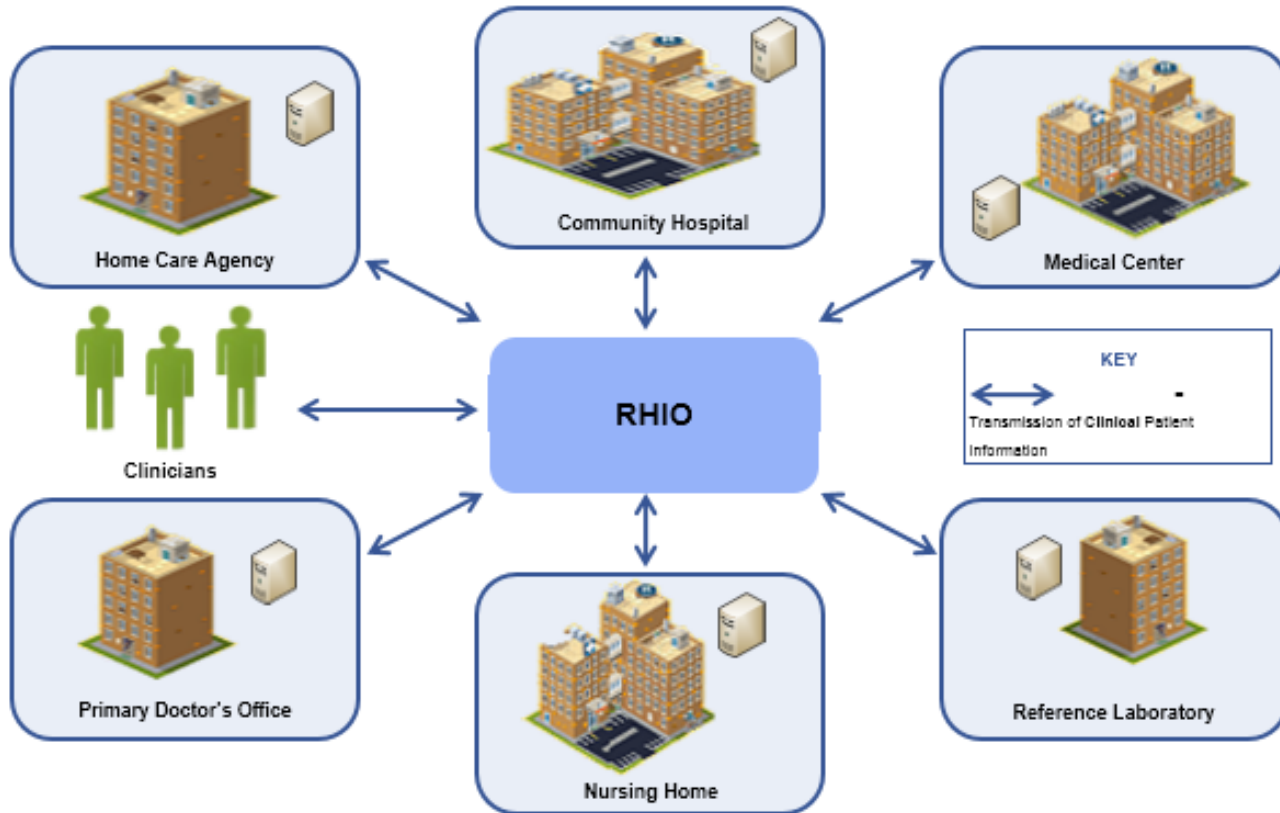


A Resource for Different Users

- **Providers:**
 - Facilitates connection of providers across the state: private practices, nursing homes, clinics, labs and hospitals
- **Collaborative Care Models:**
 - Allows healthcare providers to coordinate care via instant and secure exchange of patient specific health information with patient consent
- **Payers:**
 - Access to broader information will reduce redundant testing and procedures, reduce administrative burden/costs, an expedite adjudication process
- **Public Health Officials:**
 - Case investigation / Syndromic Surveillance / Required Reportables
- **Patients:**
 - Private access to patients' own health records and control over which providers allowed to see them



Access



MARKET PLACE of TOOLS



STANDARDIZED PROGRAMATIC INTERFACES (APIs)



INTERFACES

EHR

EHR

RAD

PUBLIC HEALTH

EHR

LAB

PHARMA



Department of Health

Status / Next Steps

- State, Medicaid, and Medicaid Match Funding (SFY 14/15, FFY 14/15 and 15/16)
 - RHIOs transition to Qualified Entities
 - Implement standardized services
 - Technical Services
 - Administrative Services
- SHIN-NY Regulation
 - State Register – September 3, 2014 – SAPA Process
 - 45day public comment period (through 10/20/14)
 - Substantive Changes? 30day public comment period
 - Published as Regulation
- Provider Adoption, Provider Adoption, Provider Adoption

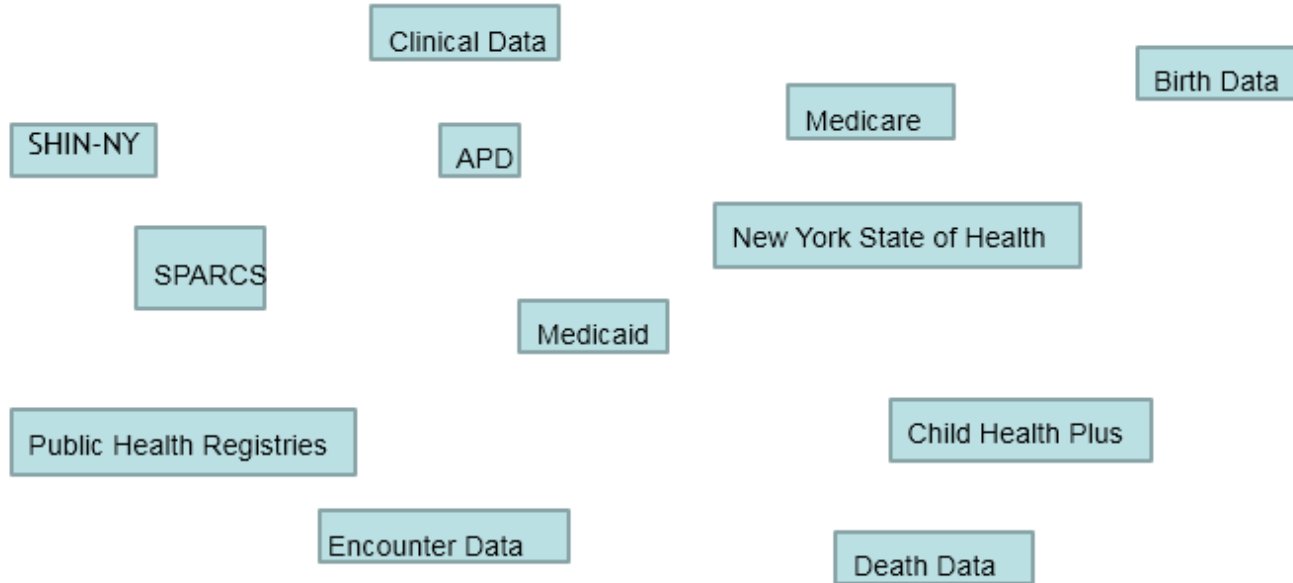
Resources

- DOH Health IT website: <http://www.health.ny.gov/technology/>
- Health Care Efficiency and Affordability Law for New Yorkers Capital Grant Program: http://www.health.ny.gov/technology/efficiency_and_affordability_law/
-
- New York eHealth Collaborative: <http://nyehealth.org/>
- New York State Register (for the proposed regulation):
- http://www.health.ny.gov/regulations/proposed_rulemaking/ and <http://www.health.ny.gov/regulations/>

How Do All These Data Systems Fit Together?

Patrick Roohan
Director
Office of Quality and Patient Safety

How Do All These Data Systems Fit Together?



Types of Data

- Administrative Data
 - Claims data such as Medicaid, APD, SPARCS
 - Vital Statistics Birth Data, Death Data
 - Surveillance Data
- Clinical Data
 - Clinical information provided in a Medical Record
 - Both electronic and paper-based
 - EHR and SHIN-NY will facilitate

All Payer Data Base

- Will initially focus on claims and encounters:
 - Medicaid
 - Commercial
 - Medicare

- Don't we collect a lot of this information already?
 - Yes!

All Payer Data Base

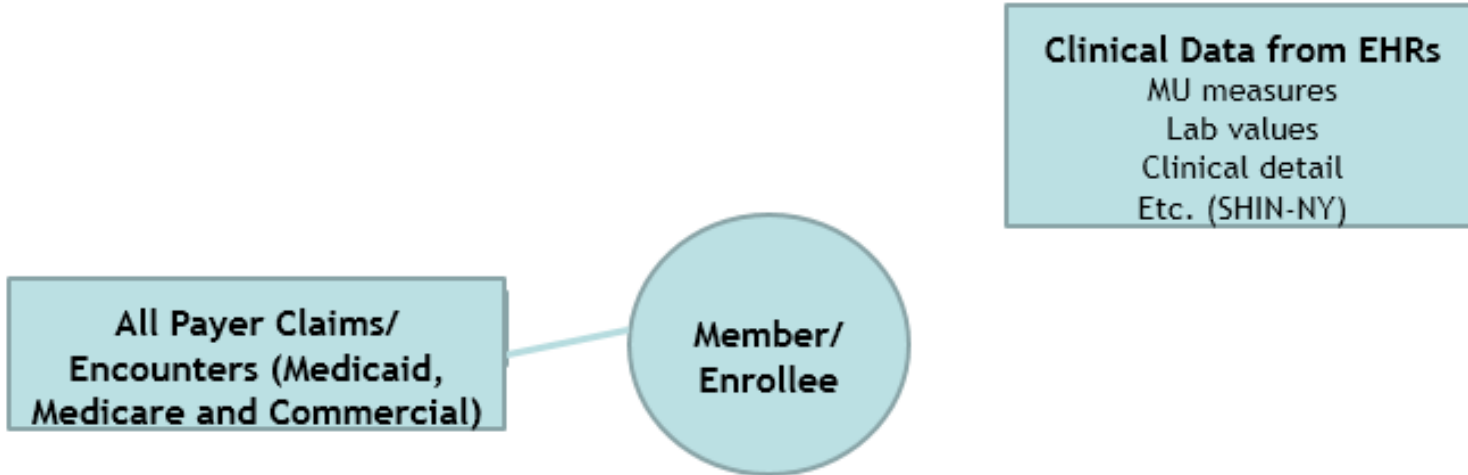
New Data Collection, New Data Acquisition

	NY State Of Health	Medicaid MC/ CHPLUS	Medicaid FFS	Commercial	Medicare
Eligibility/ Enrollment	X	X	X	X	X
Inpatient	X	X	X	X	X
Outpatient	X	X	X	X	X
Pharmacy	X	X	X	X	X
Dental	X	X	X	X	X
Ancillary	X	X	X	X	X
LTC		X	X		X

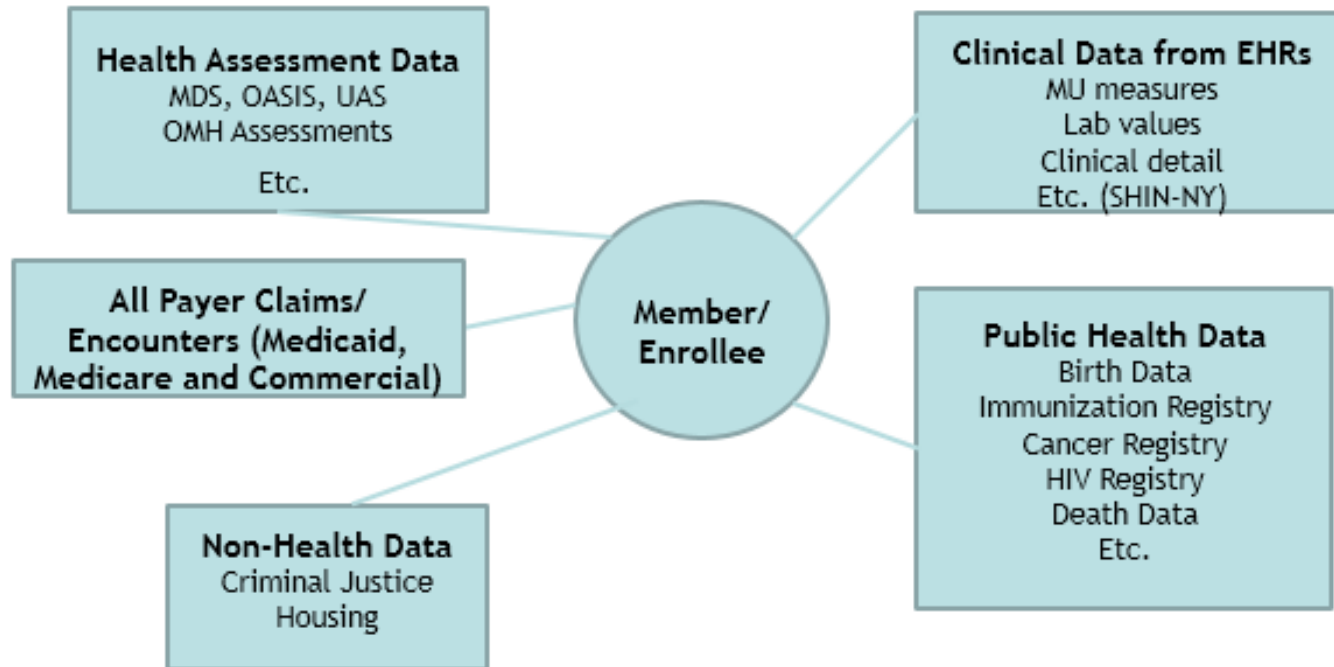
X new data collection from commercial insurers

X new acquisition of Medicare data from CMS

Initial Design: Will Not Connect APD and SHIN-NY



The Future: Systemic Integration of Data Sets to Evaluate and Drive Program and Policy



Next Steps

- Regulation to address major issues:
 - Privacy, Master Patient Index
 - Trade secret
- Reporting periodicity and format
- Data warehouse and analytic tools
- Data Release
 - To whom
 - What level of release
 - Multiple levels of law, regulation and policy on data release
 - Etc.

Discussion

SHIN-NY

Proposed Regulation

Steven Smith, Director
NYS Health IT Coordinator
Office of Quality and Patient Safety

Background on Governance Framework

Today

- RHIOs operate independently with own Governing Boards.
- DOH has designated NYeC to convene the State Collaborative Process --a mechanism for both RHIOs and key stakeholders to decide on common policy and operational practice issues.
- DOH administered the HEAL grants (sunsetted 12/13) which funded the start-up and initial operation of the RHIOs.

Proposed Structure

- A new policy framework proposed to assure consistency in services rendered to all New Yorkers and to assure accountability and transparency of the network's operation.
- Since January 2013, DOH led a multi-stakeholder process including NYeC, the RHIOs and a broad cross-section of stakeholders from across NY to develop a policy framework and proposed regulation to govern the SHIN-NY
- DOH has drafted Regulation for public comment.
- This Regulation includes participation requirements for the RHIO and compliance measurements (3rd party certification of RHIOs and methods for monitoring and enforcement).
- Policy Statutes have also been considered.



Regulatory Packet Components

- SHIN-NY Regulation Public Health Law 300 (the “reg”)
 - Defines the SHIN-NY, NYeC’s role as State Designated Entity, and incorporates by reference the RHIO contracts and Exhibits
- Core Document Describing RHIO Contracts
 - Roles and Responsibilities
 - Governance
 - Transparency and Reporting
 - Promoting the SHIN-NY
 - Access and Data Usage
 - Insurance
 - Indemnity
- Exhibits (Incorporated by Reference)
 - Dial Tone Services
 - Member Facing Services
 - Oversight and Enforcement
 - Policies and Procedures
 - Organizational Characteristics



- RHIO contract components can be modified over time
- They will be exhibits appended to the regulation and referenced
- Allows for modification and re-publishing without revising the actual regulation
- Provides a safety valve

State Policy Agenda Key Regulatory Proposals

No.	Proposal Name	Description	Rationale
Reg. #1	SHIN-NY Governance	<ul style="list-style-type: none"> - Define key provisions - Specify mandatory contractual language 	Important for full transparency in SHIN-NY development and operation
Reg. #2	QE Certification	<ul style="list-style-type: none"> - Establish QE criteria - Establish QE certification process - Provide for selection of third-party certifier 	Important to ensure QEs are capable of performance
Reg. #3	Statewide Collaborative Process & Statewide Policy Guidance	<ul style="list-style-type: none"> - Define Statewide Collaborative Process - Provide for periodic readoption of Statewide Policy Guidance 	Important to ensure openness and transparency of Statewide Collaborative Process and establish legal authority of Statewide Policy Guidance
Reg. #4	Mandatory Provider Participation	<ul style="list-style-type: none"> - Require providers regulated by NYS DOH to participate in SHIN-NY 	Important to maximize participation in, and thus value of, SHIN-NY
Reg. #5	Patient Rights	<ul style="list-style-type: none"> - Enumerate Patient rights in regard to their health information 	Important to reaffirm existing statutory protections
Reg. #6	Patient Consent to Share Health Information	<ul style="list-style-type: none"> - Clarify that SHIN-NY uses multi-provider consent model and that such model is permissible under current law - Minor consent 	Important to reassure QE Participants and remove potential obstacle to participation



Proposed Roles and Responsibilities Under New Regulation

DOH

- Exercise overall authority for the SHIN-NY through regulation of the SHIN-NY and administration of future funding
- Serve as a partner with the private sector in its ex-officio role on the NYeC Board
- Review and approve statewide policy guidance
- Certify RHIOs
- Support usage of the SHIN-NY for public health and emergency preparedness

New York eHealth Collaborative

Facilitator of Policy Development

- Facilitate the development of SHIN-NY policy, technical standards and business operations
- Foster innovative usage of the SHIN-NY to evolve with healthcare delivery transformation
- Advancing interoperability through statewide presence and involvement in national efforts

Coordinate Statewide Marketing Initiatives

Provider of Technical Services

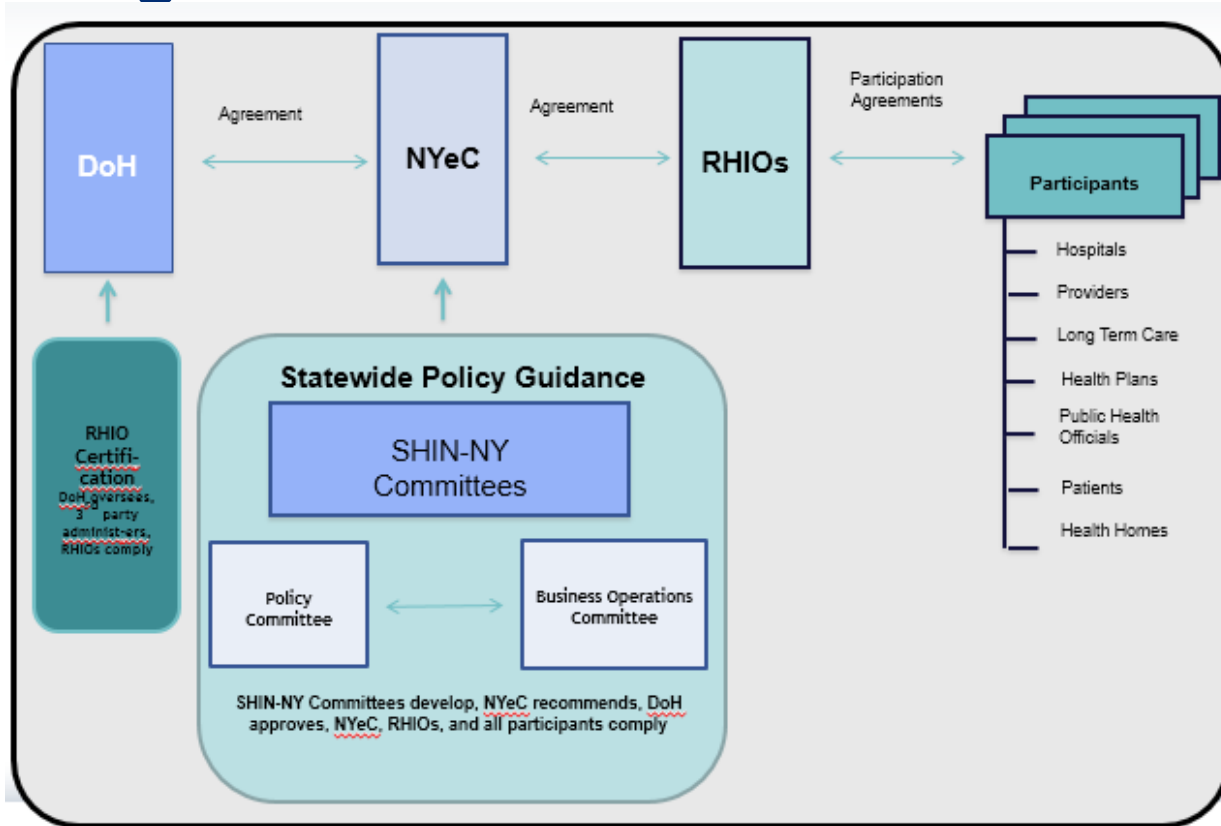
- Serve as a technology vendor to RHIOs that wish to use NYeC's HIE services
- Provide centralized technical services to support statewide dial tone capabilities

RHIOs

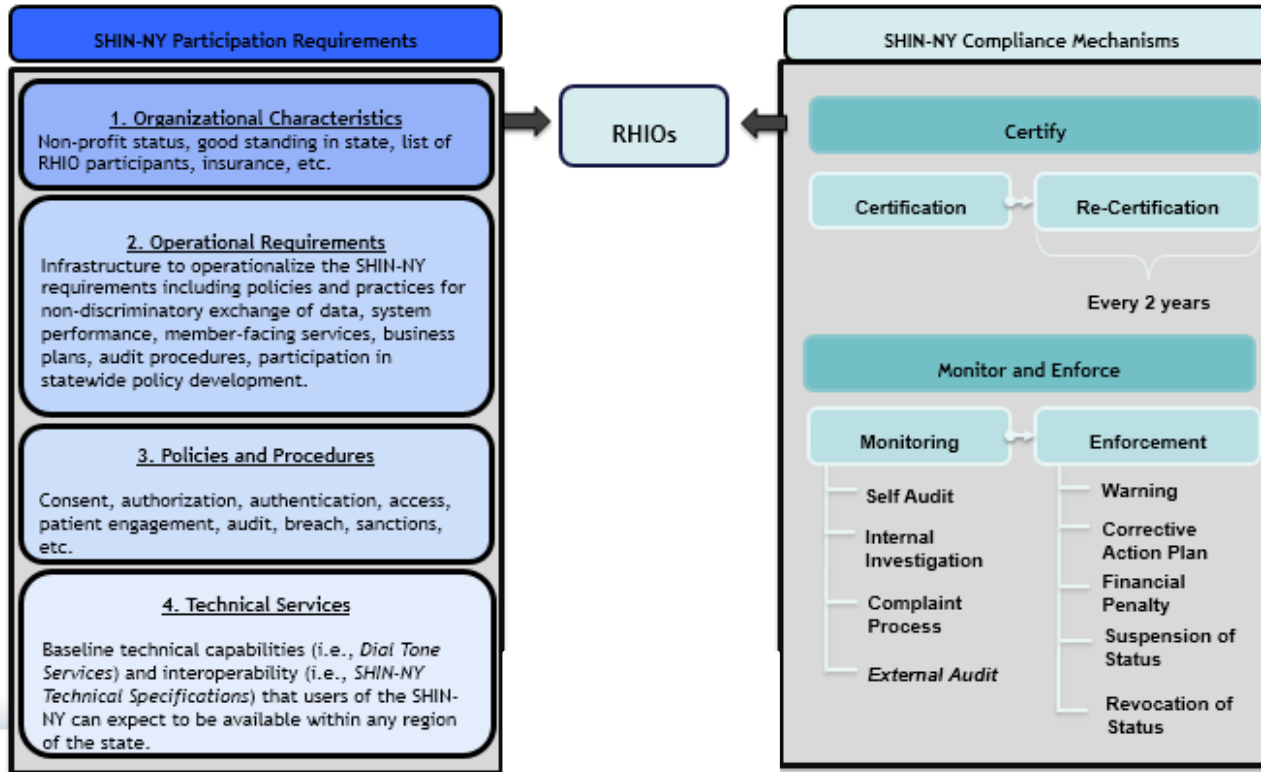
- Provide a consistent set of technical "dial tone" services statewide
- Oversee and contractually enforce adherence by participants to statewide policy
- Meet annual adoption goals
- Support community-based care models
- Support emergency preparedness
- Facilitate public health goals



Proposed Framework of Relationships Under New Regulation



Maintaining Trust in the SHIN-NY : 3rd Party Certification, Monitoring, & Enforcement



Proposed Mechanism for Oversight and Enforcement

- **RHIOs must:**
 - Comply with applicable state and federal law and certification requirements
 - Conduct self audits and report non-compliance
 - Have a complaints process in place
 - Participate in external monitoring and audit process
- **Enforcement:**
 - Remedy imposed is based on nature and severity of non compliance as determined by DOH, and can include:
 - Written warning
 - Corrective action requirements
 - Monitoring requirements
 - Temporary restriction to accessing the SHIN-NY
 - Permanent restriction to accessing the SHIN-NY
- **RHIO has right to appeal; process is detailed in the Oversight and Enforcement documents**



Thank You

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